II.—CLINICAL LECTURES AND ESSAYS. *By* SIR JAMES PAGET, Bart. Edited by Howard Marsh, F.R.C.S. London: Longmans, Green & Co. 1875.

SIR JAMES PAGET has conferred a great boon on every member of the profession by the re-publication, in a collected form, of the contents of this volume. The work is from the hand of a master, and could only have been written by one who is a profound thinker, an experienced surgeon, and a great pathologist.

The hints and cautions contained in every lecture may well be thought over by the hospital surgeon, while to the general practitioner and student they will prove invaluable.

Lecture I. treats of the "Various risks of operations," and our author states that he cannot refer us to any book in which we may learn nearly as much upon the matter as we ought to know; but more than that, we doubt if any book can ever teach us much concerning the risks of operations. The present chapter is, however, very valuable, and contains the results of much reading, of great practice, and of much thought. In treating of the risks of operations in the strong and feeble, and at different ages, the following graphic picture is given. "But among the old there are even greater differences than among the younger in the ability to recover from operations; and age, if reckoned by years, is not the only thing in them that we must estimate; years, indeed, taken alone, are a very fallacious mode of reckoning age; it is not the time but the quantity of a man's past life that we have to reckon; and for this estimate, with a practised eye, looks are less deceptive than a tale of years. . . . They that are fat and bloated, pale, with soft textures, flabby, torpid, wheezy, incapable of exercise, looking older than their years, are very bad. They that are fat, florid, and plethoric, firm-skinned, and with good muscular power, clear-headed, and willing to work like younger men, are not indeed for operation, yet they are scarcely bad. The old people that are thin, and dry, and tough, clear-voiced, and bright-eyed, with good stomachs and strong wills, bear all but the largest operations very well."

Our author then proceeds to the risks in the scrofulous, the syphilitic, the gouty, the cancerous—next of the drunkard and the teetotaler. Sir Astley Cooper long ago observed that the worst class of patients who came under his hands were the London draymen—men continually soaked in malt liquor—and in whom the slightest scratch was almost certainly followed by erysipelas. We see the same thing in our cabmen.

Lecture II. treats of risks in connection with dyspepsia, liver disease, diseases of the circulatory and respiratory systems. "Diseases of the heart are, on the whole, much less serious hindrances to recovery from operations than you might suppose. Not only so, but the operations may afford great relief and mitigate the cardiac symptoms." Some time ago we saw a lad, aged 13 years, suffering from valvular disease, orthopnoea and general oedema—he was also the subject of stone in the bladder. To all appearance the lad had only a short time to live, and the question at the consultation was, whether it would be prudent or even safe to operate under the circumstances; lithotomy was decided on, and performed by a very skilful hand, and with the greatest possible benefit. For weeks the boy had not been able to procure more than half-an-hour's sleep at once, from the continual irritation and desire to micturate. Immediately after the operation the patient fell asleep, and in two days the orthopnoea and oedema were gone, and he made an excellent recovery. The lecture terminates by giving wise rules regarding operations in cases of phthisis.

Lecture III. treats of operative risks in connection with renal and vesical disease; risks in the insane; risks during suckling and menstruation.

The calamities of surgery occupy the fourth lecture—a chapter of the greatest interest and importance. A death from chloroform is the first case referred to, and Sir James in a foot note states, that for the last two years he has used only sulphuric ether. We prefer chloroform, and proper care in its administration seems to be the only safeguard requisite—attending to the colour of the face and watching the respiration. In the course of the chapter this great surgeon shews that many untoward results cannot be reckoned accidents, and that prudence and forethought would in all probability have enabled the operator to foresee and avoid the operation which ended fatally. He gives the following amongst other cases:—"A man had albuminuria, and he had a small cyst on the scalp which it was thought advisable to remove. It was removed, and erysipelas set in, and of that the man died." If the existence of the renal disease had been ascertained beforehand, no prudent surgeon would have operated. "A man with an irritable bladder complained of symptoms of stone—he had an inflamed urethra. He was catheterized; acute inflammation of the urethra followed, and then retention of urine, acute inflammation of the bladder, and through that—death. He ought not to have been catheterized until after some few days' rest." Amongst the calamities

that we have known take the following :—Humerus fractured in attempting to reduce a dislocation of four months' standing ; aortic aneurism pointing above clavicle, similar to one figured in Allan Barr's work, punctured for an abscess ; aneurism of brachial artery opened for a collection of pus. Years ago, when walking the hospital, the acting surgeon asked the dresser for a bistoury ; he was about to cut into a swelling in the ham which had been poulticed in the ward for some time. An older practitioner, who by chance was visiting the house, put his hand on the swelling and at once abruptly said, "Stop ; give me a stethoscope." The calamity was prevented. We have also known a strangulated femoral hernia looked upon as a fatty tumour in the groin for a period of eight days, whilst ineffectual measures were being tried for the constipation and vomiting. We have known a surgeon wound a vein in the axilla while removing a glandular tumour from that situation. Phlebitis and death followed. The fingers should have been used more, and the point of the knife less.

"The consideration that you are liable to these calamities should be an incentive to the most earnest and continual study of your profession, that you may avoid all avoidable ignorance ; and to constant discipline in watchfulness, that you may overlook nothing that may contribute to a patient's welfare." "Attend, then, carefully to what are called the minor things of surgery ; not merely to skill in operations, large or small ; learn the habit of entering completely and fully into everything that may minister to the safety and comfort of the patient."

The fifth—a curious chapter—treats of urinary stammering, and shews the strong influence of habit, and of the association of ideas in it, as in stammering of speech.

Lecture VI. "Cases that bone-setters cure." Dr Hood, in his essay, goes more fully into the same subject, but both agree with regard to the nature of the cases to which they refer.

Chapters 7, 8, 9 and 10 are devoted to strangulated hernia, and in which our author enters into the subject very fully. In the 7th chapter the signs of strangulation are laid down drawn from life. In the 8th, the different modes of reduction. In the 9th, the operation ; and in the 10th chapter, the after treatment. Proofs of great experience, thought, and good sense are displayed in these chapters, which will repay the most careful study.

Chronic pyæmia takes up the succeeding chapter ; then follow six chapters on Neurmimesis or nervous mimicry. In the course of our reading we have not met with anything at all equal to what is furnished here on this subject. It is treated—as everything in the book is—in a masterly manner, and forms a com-

plete monogram on a very difficult subject. We know of nothing in the English language approaching in diagnostic power the chapters on nervous mimicry.

The remaining chapters are on "Treatment of Carbuncle;" "Sexual Hypochondriasis," a chapter of rare excellence; "Gouty Phlebitis;" "Residual Abscesses;" "Dissection Poisons;" "Senile Scrofula;" "Scarlet Fever, after operations."

The last chapter consists of a study of constitutional diseases—bringing to a close a work which all may read with pleasure and profit. In this chapter is mentioned the case of a gentleman aged 75, who for twenty-five years took five grains of Plummer's Pill every night! He must have been a disciple of Calomel Currie.

The book needs no praise, and is beyond the pale of criticism.

III.—ON PARALYSIS FROM BRAIN DISEASE IN ITS COMMON FORMS. By H. CHARLTON BASTIAN, M.A., M.D., F.R.S. London: Macmillan & Co. 1875.

DR BASTIAN has long held a very high place among our *savans* as a careful and trustworthy observer, as an experimentalist of great accuracy, and as a clear and philosophic thinker. It is now many years since by his paper on the specific gravity of the human brain his scientific reputation was at once fully established, and since then his numerous contributions to medical and other journals on subjects so diverse as aphasia and the germ theory of disease, his papers in Reynolds' "System of Medicine" and his book on the "Beginnings of Life" have more than sustained the anticipations which were then formed of him. His labours in the more abstruse departments of medical science have been so weighty and valuable that it might perhaps be supposed he did not devote himself at all closely to the practice of his profession. This, however, would be a great mistake. From personal observation we know that at the hospital for the paralytic and epileptic (besides in private and other public practice) he diligently observes and prescribes for the diseases which are there treated. In that institution there is a field for the study of these disorders unequalled at all events in the United Kingdom; and the present treatise, we doubt not, is mainly the fruit of the experience acquired during his connection with it as a physician.

A work on paralytic disease was really much needed. There has been no systematic publication on that important group of affections since the late Dr Todd's well known lectures appeared.